

<b>Case Number:</b>	CM15-0185992		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 55-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 4, 2014. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the neck. The claims administrator did, however, approve Norco. Office visits of August 14, 2015 and July 24, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On September 11, 2015, the applicant reported ongoing complaints of neck pain. The applicant was on Norco for pain relief. Spine surgery consultation and additional physical therapy were sought. The applicant's work restrictions were seemingly renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be case. The applicant was described as having severe pain complaints towards the top of the note.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical Therapy for the neck, twice a week for three weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** No, the request for six sessions of the physical therapy for the neck is not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8- to-10 sessions of treatment for radiculitis, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was described as worsened on September 11, 2015. The applicant remained dependent on opioid agent such as Norco. Work restrictions were renewed, seemingly unchanged from prior visits, on that date. The applicant was asked to pursue a spine surgery consultation, it was stated on September 11, 2015. All of foregoing, taken together, strongly suggested that the applicant had effectively plateaued with earlier conservative treatment, including earlier physical therapy, in terms of the functional improvement parameters established in MTUS 9792.20e following receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request is not medically necessary.